PAGE 1 / 32

Image# 201607149020461506

**FEC** FORM 3X

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

TOTAL OX	or Other Than An Al	itnorizea Committe	ee		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typin over the lines.	ıg, type	12FE4M5	
Americas Health Insura	nce Plans PAC (Al	HIP PAC)			
ADDRESS (number and street)	601 Pennsylvania Avenue	, NW			
Check if different	South Building, Suite 500				
than previously reported. (ACC)	Washington			DC	20004
2. FEC IDENTIFICATION NU	MBER ▼ C	ITY 🛦	;	STATE A	ZIP CODE ▲
C C00106740	3.		IEW N) <b>OR</b>	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:		May 20 (M5)		20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:		or 20 (M4) X J	lul 20 (M7)	Oct 2	(Non-Election Year Only)  20 (M10)  Jan 31 (YE)
April 15 Quarterly Report (Q1				-	
July 15 Quarterly Report (Q2	(C) 12-Day	Primary (12P)  Convention (12P)		General ( Special (1	
October 15 Quarterly Report (Q3	·	Convention (	120)	Opecial (1	120)
January 31 Year-End Report (YE	Elec	tion on	D   D /	Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G	à)	Runoff (36	OR) Special (30S)
Termination Report (TER)	Elec	tion on	D = D /	Y   Y   Y   Y   Y	in the State of
5. Covering Period 06	01 2016		M M	30/	2016
I certify that I have examined this	s Report and to the best	of my knowledge and b	elief it is tru	e, correct and	complete.
Type or Print Name of Treasurer	Marilyn B. Tavenner				
Signature of Treasurer Marily	n B. Tavenner	[Electronically	Filed]	Pate 07	/ 14 / 2016
NOTE: Submission of false, errone	ous, or incomplete informat	ion may subject the pers	son signing th	nis Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

#### Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: 06 01 2016 To: 06 30 2016

		COLUMN A This Period	COLUMN B Calendar Year-to-Date				
6.	(a) Cash on Hand  January 1,  2016		63476.79				
	(b) Cash on Hand at Beginning of Reporting Period	58206.14					
	(c) Total Receipts (from Line 19)	7251.64	117074.57				
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	65457.78	180551.36				
7.	Total Disbursements (from Line 31)	28000.00	143093.58				
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37457.78	37457.78				
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00					
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00					

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)
------------------------------------------------

ntributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	7004.49 247.15 7251.64	7588.84 72074.57
Than Political Committees  (i) Itemized (use Schedule A)	247.15 7251.64 0.00	7588.84
(i) Itemized (use Schedule A)	247.15 7251.64 0.00	7588.84
(ii) Unitemized	247.15 7251.64 0.00	7588.84
(iii) TOTAL (add Lines 11(a)(i) and (ii)  Political Party Committees  Other Political Committees (such as PACs)	7251.64	72074.57
(iii) TOTAL (add Lines 11(a)(i) and (ii)  Political Party Committees  Other Political Committees (such as PACs)	7251.64	72074.57
Lines 11(a)(i) and (ii)  Political Party Committees  Other Political Committees (such as PACs)	0.00	
Political Party Committees Other Political Committees (such as PACs)	0.00	
Other Political Committees (such as PACs)		0.00
Other Political Committees (such as PACs)		0.00
(such as PACs)		
	0.00	45000.00
	0.00	4000.00
Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	7251.64	117074.57
	7201.04	7
	0.00	0.00
ty Committees	0.00	0.00
Loons Possived	0.00	0.00
Loans neceived	7 7	7
	0.00	0.00
1 1	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	0.00	0.00
	0.00	
	0.00	0.00
·		0.00
The state of the s	0.00	0.00
	0.00	2.22
(Irom Schedule H3)	0.00	0.00
Г	0.00	200
Levin Funds (from Schedule H5)	0.00	0.00
Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Totals to Line 33, page 5)	nsfers From Affiliated/Other ty Committees

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN B Calendar Year-to-Date			
	perating Expenditures: Allocated Federal/Non-Federal Activity (from Schedule H4)				
	(i) Federal Share	0.00	0.00		
	(ii) Non-Federal Share	0.00	0.00		
(b)					
(c)	Expenditures Total Operating Expenditures	0.00	93.58		
(0)	(add 21(a)(i), (a)(ii), and (b))▶	0.00	93.58		
	ansfers to Affiliated/Other Party	0.00	0.00		
<ol><li>Co</li></ol>	ommitteesontributions to deral Candidates/Committees	0.00			
an	d Other Political Committees	28000.00	140500.00		
	dependent Expenditures se Schedule E)	0.00	0.00		
5. Co (2	ordinated Party Expenditures U.S.C. 8441a(d))	0.00			
(us	se Schedule F)	0.00	0.00		
6. Lo	an Repayments Made	0.00	0.00		
7 lo	ans Made	0.00	0.00		
	funds of Contributions To:				
(\$\infty\$	Than Political Committees	0.00	2500.00		
(b)	Political Party Committees	0.00	0.00		
(c)		0.00	0.00		
	(such as PACs)	0.00	0.00		
(d)		0.00	0500.00		
	(add Lines 28(a), (b), and (c))▶	0.00	2500.00		
9. Ot	her Disbursements	0.00	0.00		
D. Fe	deral Election Activity (2 U.S.C. §431(20))				
	Allocated Federal Election Activity				
	(from Schedule H6) (i) Federal Share	0.00	0.00		
	(i) i dasiai chaic		200		
(b)	(ii) "Levin" Share	0.00	0.00		
(υ)	Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c)	- 1	0.00	0.00		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	5.00	0.00		
	tal Disbursements (add Lines 21(c), 22,				
23	, 24, 25, 26, 27, 28(d), 29 and 30(c))	28000.00	143093.58		
	tal Federal Disbursements				
	ubtract Line 21(a)(ii) and Line 30(a)(ii)	28000.00	440000 50		
IIO	m Line 31)	20000.00	143093.58		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7251.64	117074.57
34. Total Contribution Refunds (from Line 28(d))	0.00	2500.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7251.64	114574.57
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	93.58
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	93.58

FOR LINE NUMBER: PAGE 6 OF 32 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Jeremy Allen Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 0.3 City Zip Code State Transaction ID: 2016061674055-3 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 115.38 federal political committee. Memo Item Name of Employer Occupation Vice President Americas Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1384.56 Other (specify) Full Name (Last, First, Middle Initial) B. Jeremy Allen Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 17 06 2016 City State Zip Code Transaction ID: 2016061674040-3 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 115.38 federal political committee. Memo Item Name of Employer Occupation Americas Health Insurance Plans Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1384.56 Full Name (Last, First, Middle Initial) Tom Amontree Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 03 2016 City State Zip Code Transaction ID: 2016061674055-4 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 192.30 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Business Aff Receipt For: Aggregate Year-to-Date ▼ Primary General 2307.60 Other (specify) 423.06 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s) (check only one)

111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
	ly information copied from such Reports and State for commercial purposes, other than using the n			erson for the purpose of soliciting contributions									
$\rangle$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	s PAC (A	AHIP PAC)										
۹.	Full Name (Last, First, Middle Initial)  Tom Amontree  Mailing Address 601 Pennsylvania Avenue N.W.  Suite 500, South Building			Date of Receipt  M M M / D D / Y D Y D Y D Y D Y D D Y D D Y D D Y D D D Y D D D D D D D D D D D D D D D D D D D D									
	City	State	Zip Code	Transaction ID : 2016061674040-4									
	Washington	DC	20004	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		192.30									
	Name of Employer	Occupation		Memo Item									
	America's Health Insurance Plans	Executive V	ice President, Business Aff										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		2307.60										
3.	Full Name (Last, First, Middle Initial) Carmella Bocchino			Date of Receipt									
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			06 03 / 2016									
	City Washington	State DC	Zip Code 20004	Transaction ID : 2016061674055-5  Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		192.30									
	America's Health Insurance Plans	Occupation Executive V	ice President, Clinical Aff	Memo Item									
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2307.60										
).	Full Name (Last, First, Middle Initial) Carmella Bocchino			Date of Receipt									
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			06 17 2016									
	City Washington	State DC	Zip Code 20004	Transaction ID : 2016061674040-5  Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		192.30									
	Name of Employer	Occupation		Memo Item									
		Executive V	ice President, Clinical Aff										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼	2307.60											
s	UBTOTAL of Receipts This Page (optional)			576.90									
т	OTAL This Period (last page this line number or	าly)											

FOR LINE NUMBER: PAGE 8 OF 32 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Dianne Bricker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 0.3 City Zip Code State Transaction ID: 2016061674055-6 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) B. Dianne Bricker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 17 06 2016 City State Zip Code Transaction ID: 2016061674040-6 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 461.52 Full Name (Last, First, Middle Initial) c. Kathleen Callanan Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 03 2016 City State Zip Code Transaction ID: 2016061674055-7 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 76.92 federal political committee. Memo Item Name of Employer Occupation Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 923.04 Other (specify) 153.84 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOF	R LINE	NU	<b>MBER</b>	:	PAGE	9	OF	3	2
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c	12			
,,g.		13		14		15	16		1	7

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Kathleen Callanan Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 City Zip Code State Transaction ID: 2016061674040-7 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 76.92 federal political committee. Memo Item Name of Employer Occupation Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 923.04 Other (specify) Full Name (Last, First, Middle Initial) B. Winthrop Cashdollar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 03 2016 City State Zip Code Transaction ID: 2016061674055-9 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 57.69 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 692.28 Full Name (Last, First, Middle Initial) **c.** Winthrop Cashdollar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 17 2016 City State Zip Code Transaction ID: 2016061674040-9 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 57.69 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) 192.30 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

	FOF	LINE	NU	MBER	:	PAGE	1	0 OF	-	32
Use separate schedule(s) for each category of the Detailed Summary Page	(che	(check only one)								
	X	11a		11b		11c		12		
Betaned Summary Lage		13		14		15		16		17
not be sold or used by any person for the purpose of soliciting contributions										

Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	s PAC (AHIP PAC)					
Full Name (Last, First, Middle Initial)  Yvonne Chanatry  Mailing Address 601 Pennsylvania Avenue N.W.	1.	Date of Receipt				
Suite 500, South Building City	State Zip Code	06 03 2016 Transaction ID : 2016061674055 40				
Washington	DC 20004	Transaction ID : 2016061674055-10  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	96.16				
Name of Employer  America's Health Insurance Plans	Occupation Vice President, Marketing and Graphics	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1153.92					
Full Name (Last, First, Middle Initial)  3. Yvonne Chanatry		Date of Receipt				
Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building	Suite 500, South Building					
City Washington	State Zip Code DC 20004	Transaction ID : 2016061674040-10  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	96.16				
Name of Employer America's Health Insurance Plans	Occupation Vice President, Marketing and Graphics	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1153.92					
Full Name (Last, First, Middle Initial)  C. Gregory Dean		Date of Receipt				
Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building		06				
City Washington	State Zip Code DC 20004	Transaction ID : 2016061674055-11  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	57.69				
Name of Employer	Occupation	Memo Item				
America's Health Insurance Plans	Executive Director Insurance Education					
Receipt For: Primary General	Aggregate Year-to-Date ▼					
Other (specify) ▼	692.28					
SUBTOTAL of Receipts This Page (optional)		250.01				
TOTAL This Period (last page this line number of	)nlv)					

	F	FOR LINE NUMBER: PAGE 11 OF									32
Use separate schedule(s) for each category of the	(c	he	ck only	or	ne)						
Detailed Summary Page		X	11a		11b		11c		12		
., .,			13		14		15		16		17

		atements may not be sold or used by any person name and address of any political committee to	
	NAME OF COMMITTEE (In Full)	and the second s	
١.	Americas Health Insurance Plans	s PAC (AHIP PAC)	
/			
۹.	Full Name (Last, First, Middle Initial) Gregory Dean		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W.		M = M / D = D / Y = Y = Y
	Suite 500, South Building		06 17 2016
	City	State Zip Code	Transaction ID: 2016061674040-11
	Washington	DC 20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	57.69
	Name of Employer	Occupation	Memo Item
	America's Health Insurance Plans	Executive Director Insurance Education	
	Receipt For:		
	Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	692.28	
_			
3.	Full Name (Last, First, Middle Initial) Michael Dudley		Date of Receipt
	Mailing Address 4417 Corporation Ln		M = M / D = D / Y = Y = Y
		014	06 07 2016
	City	State Zip Code	Transaction ID: 828FDDFFC73F4339A3CB
	Virginia Beach	VA 23462-3162	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2500.00
	Name of Employer	Occupation	Memo Item
	Sentara Health Plans, Inc.	President	
	Receipt For:		
	Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	, 2500.00	
— ).	Full Name (Last, First, Middle Initial) Paul Eiting		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W		M M / D D / Y Y Y Y
	Suite 500, South Building		06 03 2016
	City	State Zip Code	Transaction ID : 2016061674055-12
	Washington	DC 20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	38.46
	Name of Employer	Occupation	Memo Item
	America's Health Insurance Plans	Deputy Director	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼	461.52	
SI	UBTOTAL of Receipts This Page (optional)		2596.15
T	OTAL This Period (last page this line number or	nly)	

	FOF	LINE	NU	MBER	:	PAGE	 12 OF	:	32
Use separate schedule(s)	(che	ck only	or	ıe)					
for each category of the Detailed Summary Page	×	11a		11b		11c	12		
		13		14		15	16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Paul Eiting Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 City Zip Code State Transaction ID: 2016061674040-12 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans **Deputy Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) B. Kathryn Gallagher Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 03 2016 City State Zip Code Transaction ID: 2016061674055-13 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Policy Analyst Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76 Full Name (Last, First, Middle Initial) c. Kathryn Gallagher Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 17 2016 City State Zip Code Transaction ID: 2016061674040-13 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 19.23 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Policy Analyst Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify)

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

76.92

Llas concrete cohodula(a)	FC	R LINE	NU	MBER	:	PAGE	. 1	3 OF		32	
Use separate schedule(s)	(ch	eck only	or or	ne)							
for each category of the Detailed Summary Page	>	<b>1</b> 1a		11b		11c		12			
,g.		13		14		15		16		17	
not be sold or used by any person for the purpose of soliciting contributions											

Any information copied from such Reports and Statements may

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plants	ans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial)  A. Candy Gallaher		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building	1.W.	06 03 2016
City Washington	State Zip Code DC 20004	Transaction ID : 2016061674055-14  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	38.46
Name of Employer  America's Health Insurance Plans	Occupation Senior Vice President	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	
Full Name (Last, First, Middle Initial)  3. Candy Gallaher		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington	State Zip Code DC 20004	06 17 2016  Transaction ID : 2016061674040-14  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46  Memo Item
Name of Employer America's Health Insurance Plans Receipt For:	Occupation Senior Vice President  Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	, 461.52	
Full Name (Last, First, Middle Initial) Leanne Gassaway		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City	N.W. State Zip Code	06 03 2016 Transaction ID : 2016061674055-15
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer  America's Health Insurance Plans	Occupation Regional Director	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	101.92
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 14 OF 32 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Leanne Gassaway Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 City Zip Code State Transaction ID: 2016061674040-15 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Greg Gierer Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 17 06 2016 City State Zip Code Transaction ID: 2016061674040-16 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 76.93 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.79 Full Name (Last, First, Middle Initial) c. Mark Hamelburg Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 03 2016 City State Zip Code Transaction ID: 2016061674055-17 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 115.38 federal political committee. Memo Item Name of Employer Occupation Senior Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1384.56 Other (specify) 217.31 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one)

[F	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ly information copied from such Reports and State for commercial purposes, other than using the r			
$\rangle$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	s PAC (A	AHIP PAC)	
Δ.	Receipt For:  Primary General  Other (specify) ▼	State DC  C Occupation Senior Vice		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial)  Joni Hong  Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary General Other (specify) ▼	State DC  C Occupation Senior Asso	Zip Code 20004 Deciate Counsel, Special Proj Year-to-Date ▼  346.20	Date of Receipt  M M O O O 2016  Transaction ID: 2016061674055-19  Amount of Each Receipt this Period  28.85  Memo Item
<b>-</b> .	Full Name (Last, First, Middle Initial)  Joni Hong  Mailing Address 601 Pennsylvania Avenue N.W.  Suite 500, South Building  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary  General  Other (specify)	State DC  C Occupation Senior Asso	Zip Code 20004 Dociate Counsel, Special Proj Year-to-Date ▼	Date of Receipt  M M M / 2016  17 2016  Transaction ID: 2016061674040-19  Amount of Each Receipt this Period  28.85  Memo Item
	SUBTOTAL of Receipts This Page (optional)		·····	173.08
Т	OTAL This Period (last page this line number or	nlv)		

	F	OR	LINE	NU	MBER	:	PAGE	 16	OF	32
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Detailed Summary Page		X	11a		11b		11c	12		
			13		14		15	16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Donna Horoschak Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 2016 City Zip Code State Transaction ID: 2016061674055-20 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 115.39 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Senior Vice President, Product Policy Receipt For: Aggregate Year-to-Date ▼ Primary General 346.17 Other (specify) Full Name (Last, First, Middle Initial) B. Donna Horoschak Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 17 06 2016 City State Zip Code Transaction ID: 2016061674040-20 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 115.39 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Senior Vice President, Product Policy Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 346.17 Full Name (Last, First, Middle Initial) c. Aryana Khalid Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 06 03 2016 Suite 500, South Building City State Zip Code Transaction ID: 2016061674055-22 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 192.30 federal political committee. Memo Item Name of Employer Occupation AHIP **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 2307.60 Other (specify) 423.08 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	F	OR	LINE	NU	<b>MBER</b>	:	PAGE	1	17 C	F	32
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			13		14		15		16		17

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
Americas Health Insurance Pla	ans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial)  A. Aryana Khalid		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building	I.W.	06 17 _ 2016 _
City	State Zip Code	Transaction ID : 2016061674040-22
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	192.30
Name of Employer	Occupation	Memo Item
AHIP	Executive Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2307.60	
Full Name (Last, First, Middle Initial)  Clare Krusing	1	Date of Receipt
Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building	.W.	06 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : 2016061674055-24
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	46.15
Name of Employer	Occupation	Memo Item
America's Health Insurance Plans	Deputy Press Secretary	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 553.80	
Full Name (Last, First, Middle Initial)  C. Clare Krusing		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building	I.W.	06 17 2016
City Washington	State Zip Code DC 20004	Transaction ID : 2016061674040-24
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 46.15
Name of Employer	Occupation	Memo Item
America's Health Insurance Plans	Deputy Press Secretary	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	553.80	
SUBTOTAL of Receipts This Page (optional)		284.60
TOTAL This Period (last page this line number	r only)	

Receipt For:

В.

Primary

General

## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

					MBER	:	PAGE	. 1	8	OF	32
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Detailed Summary Page		X	11a		11b		11c		12	_	
,			13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Crystal Kuntz Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 0.3 City Zip Code State Transaction ID: 2016061674055-25 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 76.92 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Vice President

Aggregate Year-to-Date ▼

Other (specify) ▼	923.04	
Full Name (Last, First, Middle Initial)  Crystal Kuntz  Mailing Address 601 Pennsylvania Avenue N.  Suite 500, South Building  City	W. State Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Washington	DC 20004	Transaction ID: 2016061674040-25  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.92
Name of Employer America's Health Insurance Plans Receipt For:	Occupation Vice President	Memo Item
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 923.04	
Full Name (Last, First, Middle Initial)		

c. Courtney Lawrence Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 2016 03 Suite 500, South Building 06 City Zip Code State Transaction ID: 2016061674055-26 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing C 76.92 federal political committee. Memo Item Name of Employer Occupation Vice President, Federal Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 923.04 Other (specify)

FOR LINE NUMBER: PAGE 19 OF 32 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Courtney Lawrence Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 City Zip Code State Transaction ID: 2016061674040-26 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 76.92 federal political committee. Memo Item Name of Employer Occupation Vice President, Federal Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 923.04 Other (specify) Full Name (Last, First, Middle Initial) B. Holly Macmoran Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 03 2016 City State Zip Code Transaction ID: 2016061674055-27 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Program Manager Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76 Full Name (Last, First, Middle Initial) c. Holly Macmoran Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 17 2016 City State Zip Code Transaction ID: 2016061674040-27 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 19.23 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Program Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 20 OF 32 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Amber Manko Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 0.3 City Zip Code State Transaction ID: 2016061674055-28 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Deputy Director, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) B. Amber Manko Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 2016 17 City State Zip Code Transaction ID: 2016061674040-28 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Deputy Director, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 461.52 Full Name (Last, First, Middle Initial) c. Debi Manning Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 03 2016 City State Zip Code Transaction ID: 2016061674055-29 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 18.46 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Director of Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General 221.52 Other (specify) 95.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	F	DR	LINE	NU	MBER	:	PAGE	2	21	OF	32
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		atements may not be sold or used by any person name and address of any political committee to	
	NAME OF COMMITTEE (In Full)	, ,	2 2200 22000
\	Americas Health Insurance Plans	s PAC (AHIP PAC)	
/	Full Name (Last, First, Middle Initial)		
۹.	Debi Manning		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Suite 500, South Building City	State Zip Code	06 17 2016 Transaction ID : 2016061674040-29
	Washington	DC 20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	18.46
	•		Memo Item
	Name of Employer	Occupation	Memo Item
	America's Health Insurance Plans	Director of Human Resources	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	224.52	
	Other (specify) ▼	221.52	
3.	Full Name (Last, First, Middle Initial) Thomas Meyers		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W.		M = M / D = D / Y = Y = Y
	Suite 500, South Building	State Zip Code	06 03 2016
	City Washington	State Zip Code DC 20004	Transaction ID: 2016061674055-32
-	Washington FEC. ID available of contribution	1 2000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	18.46
	Name of Employer	Occupation	Memo Item
	America's Health Insurance Plans	Executive Director Product Policy	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
_	Other (specify) ▼	221.52	
— ).	Full Name (Last, First, Middle Initial) Thomas Meyers		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W		M = M / D = D / Y = Y = Y
	Suite 500, South Building		06 17 2016
	City	State Zip Code	Transaction ID: 2016061674040-32
	Washington	DC 20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	18.46
	Name of Employer	Occupation	Memo Item
	America's Health Insurance Plans	Executive Director Product Policy	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	221.52	
SI	UBTOTAL of Receipts This Page (optional)		55.38
			7 7 7
TO	OTAL This Period (last page this line number of	nly) ▶	

FOR LINE NUMBER: PAGE 22 OF 32 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Julie Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 0.3 City Zip Code State Transaction ID: 2016061674055-33 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 57.69 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) Full Name (Last, First, Middle Initial) B. Julie Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 17 06 2016 City State Zip Code Transaction ID: 2016061674040-33 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 57.69 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 692.28 Full Name (Last, First, Middle Initial) c. Martin Mitchell Jr. Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 03 2016 City State Zip Code Transaction ID: 2016061674055-35 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 19.23 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans **Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 134.61 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 23 OF 32 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Martin Mitchell Jr. Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 City Zip Code State Transaction ID: 2016061674040-35 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Director Product Policy Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Jay Perron Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 03 2016 City State Zip Code Transaction ID: 2016061674055-36 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 76.92 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 923.04 Full Name (Last, First, Middle Initial) Jay Perron Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 17 2016 City State Zip Code Transaction ID: 2016061674040-36 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 76.92 federal political committee. Memo Item Name of Employer Occupation Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 923.04 Other (specify) 173.07 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 24 OF 32 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Ingrid Reeves Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 0.3 City Zip Code State Transaction ID: 2016061674055-38 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation Vice President, Membership America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Ingrid Reeves Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 2016 17 City State Zip Code Transaction ID: 2016061674040-37 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Vice President, Membership Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76 Full Name (Last, First, Middle Initial) c. Lisa Shreve Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 03 2016 City State Zip Code Transaction ID: 2016061674055-40 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 38.46 federal political committee. Memo Item Name of Employer Occupation Senior Vice President, Professional Pr America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 76.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 25 OF 32 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Lisa Shreve Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 City Zip Code State Transaction ID: 2016061674040-39 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Senior Vice President, Professional Pr Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) B. Kristin Stewart Smoot Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 03 2016 City State Zip Code Transaction ID: 2016061674055-41 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation **AHIP** Manager, Special Projects Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76 Full Name (Last, First, Middle Initial) c. Kristin Stewart Smoot Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 17 2016 City State Zip Code Transaction ID: 2016061674040-40 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 19.23 federal political committee. Memo Item Name of Employer Occupation AHIP Manager, Special Projects Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 76.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOF	LINE	NU	MBER	:	PAGE	2	26	OF		32
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for each category of the Detailed Summary Page	X	11a		11b		11c		12			
		13		14		15		16			17
not be sold or used by any person for the purpose of soliciting contributions											

Any information copied from such Reports and Statements may not be sold or used by any or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Marilyn Tavenner Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 03 2016 City State Zip Code Transaction ID: 2016061674055-42 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer Occupation Americas Health Insurance Plans President & CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 2307.60 Other (specify) Full Name (Last, First, Middle Initial) B. Marilyn Tavenner Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 06 17 2016 City State Zip Code Transaction ID: 2016061674040-41 Washington DC 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer Occupation Americas Health Insurance Plans President & CEO Receipt For: Aggregate Year-to-Date ▼ Primary General

Other (specify) ▼	2307.60	
Full Name (Last, First, Middle Initial)  Mark Van Koevering  Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building  City Washington  FEC ID number of contributing federal political committee.	W. State Zip Code DC 20004	Date of Receipt  06 03 2016  Transaction ID: 2016061674055-44  Amount of Each Receipt this Period  76.92
Name of Employer  America's Health Insurance Plans  Receipt For:  Primary  General  Other (specify)	Occupation Executive Director  Aggregate Year-to-Date ▼  923.04	Memo Item

SUBTOTAL of Receipts This Page (optional).....

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461.52

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 27 OF Use separate schedule(s) (check only one)

<b>T</b>	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X   11a
	y information copied from such Reports and Stator commercial purposes, other than using the r			
$\rangle$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	s PAC (	AHIP PAC)	
۹.	Full Name (Last, First, Middle Initial)  Mark Van Koevering  Mailing Address 601 Pennsylvania Avenue N.W.  Suite 500, South Building  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary  General  Other (specify)   Full Name (Last, First, Middle Initial)	State DC  C Occupation Executive D		Date of Receipt  17 2016  Transaction ID: 2016061674040-43  Amount of Each Receipt this Period  76.92  Memo Item
3.	Full Name (Last, First, Middle Initial)  Kristi Wick  Mailing Address 601 Pennsylvania Avenue N.W.  Suite 500, South Building  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary General  Other (specify) ▼	State DC  C Occupation Digital Medi	Zip Code 20004  a Coordinator  Year-to-Date ▼  230.76	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>5</b> .	Full Name (Last, First, Middle Initial)  Kristi Wick  Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary General  Other (specify)   Other (specify)	State DC  C Occupation Digital Med	Zip Code 20004  ia Coordinator  Year-to-Date ▼  230.76	Date of Receipt  M M M
S	UBTOTAL of Receipts This Page (optional)			115.38
Т	OTAL This Period (last page this line number or	nly)		7004.49

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only 21b 27	-
Any information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans P	e and address of any politica		
A. Ami Bera for Congress  Mailing Address PO Box 582496			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Elk Grove Purpose of Disbursement 2016 General  Candidate Name  Amerish B. Bera  Office Sought:    House   Disbursement	tate Zip Code CA 95758  ment For: 2016 Primary General Other (specify)	011 Category/ Type	Transaction ID : 24EA8AE6B161489025E  Amount of Each Disbursement this Period  500.00  Memo Item
Denver Purpose of Disbursement 2016 General  Candidate Name  Michael F. Bennet  Office Sought: House Disbursem  Senate President  State: CO District:	ent For: 2016 Primary General Other (specify)	011 Category/ Type	Date of Disbursement  M
Washington Purpose of Disbursement 2016 Contribution  Candidate Name CHERPAC  Office Sought: House Disbursem Senate	tate Zip Code DC 20036  Tent For: 2016 Primary General Other (specify)  Contribution	011 Category/ Type	Date of Disbursement  M M M / 24 / 2016  Transaction ID : A7AFB828EDF59DC912A  Amount of Each Disbursement this Period  1500.00  Memo Item
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only).			5000.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans P	AC (AHIP PAC)		
Full Name (Last, First, Middle Initial)  A. Debbie Dingell for Congress			Date of Disbursement
Mailing Address 19855 W. Outer Dr. Ste 103 Ae			06 24 2016
,	tate Zip Code MI 48124		Transaction ID : 0D143212742F197F53C
2016 General  Candidate Name		011 Category/	Amount of Each Disbursement this Period
Senate F	ent For: 2016 Primary	Туре	1000.00  Memo Item
Full Name (Last, First, Middle Initial)  3. DelBene for Congress  Mailing Address PO Box 487			Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•	tate Zip Code NA 98041		Transaction ID: 991A4640217293BDE3D
Senate F	ent For: 2016 Primary ∑ General Other (specify) ▼	011 Category/ Type	Amount of Each Disbursement this Period  2000.00  Memo Item
Full Name (Last, First, Middle Initial)  Denny Heck for Congress			Date of Disbursement
Olympia Purpose of Disbursement 2016 Primary  Candidate Name  Dennis Heck  Office Sought:  House Senate  Disbursem	tate Zip Code NA 98507  ent For: 2016 Primary General Other (specify)   Table 1. The code of the code	011 Category/ Type	Transaction ID: 21CAD5B57B5F5E6EE06  Amount of Each Disbursement this Period  2000.00  Memo Item
SUBTOTAL of Disbursements This Page (optional)			5000.00
TOTAL This Period (last page this line number only)		······	

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans P	e and address of any political	by any perso	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)  Friends of Pat Toomey  Mailing Address 228 S. Washington St., Suite 115  City S	tate Zip Code		Date of Disbursement
Purpose of Disbursement 2016 General  Candidate Name  Patrick Joseph Toomey  Office Sought: House Disbursem  Senate	VA 22314  Lent For: 2016  Primary	011 Category/ Type	Amount of Each Disbursement this Period  5000.00  Memo Item
Concord Purpose of Disbursement 2016 General  Candidate Name  Ann McLane Kuster  Office Sought:  House Senate  Disbursem	tate Zip Code NH 03302  Tent For: 2016 Primary General Other (specify)	011 Category/ Type	Date of Disbursement  M M M / 24 2016  Transaction ID: 1831F23E53AF47E83DC  Amount of Each Disbursement this Period  1000.00  Memo Item
Williamsport Purpose of Disbursement 2016 General  Candidate Name  Thomas Anthony Marino  Office Sought:  House Senate  Disbursem	tate Zip Code PA 17703  Lent For: 2016 Primary General Other (specify)	011 Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only).			8500.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 31 OF 32
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 X 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	io and address of any pointed		Construction from Cash Committee.
Americas Health Insurance Plans F	DAC (AHID DAC)		
Americas riediti insulance rians r	AC (AIIII I AC)		
Full Name (Last, First, Middle Initial)			
A. People for Ben			Date of Disbursement
Mailing Address PO Box 31129			M M / D D / Y Y Y Y Y
Mailing Address PO Box 31129			06 24 2016
City	State Zip Code		Transaction ID 04000D00FD0DFD07000
	NM 87594		Transaction ID: 34382B80FB3DEBC7883
Purpose of Disbursement 2016 General		044	Assessed of Early Dichesses and this Decire
Candidate Name		011	Amount of Each Disbursement this Period
Ben Ray Lujan		Category/ Type	2500.00
	nent For: 2016	, ypc	Memo Item
	Primary X General		Wellio Itelli
President	Other (specify) ▼		
State: NM District: 03			
Full Name (Last, First, Middle Initial)			Data of Dichumanant
Pete Aguilar for Congress			Date of Disbursement
Mailing Address PO Box 10954			06 24 2016
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			
•	State Zip Code		Transaction ID : 92B795754D8324764FA
San Bernardino Purpose of Disbursement	CA 92423		
2016 General		011	Amount of Each Disbursement this Period
Candidate Name			
Peter Ray Aguilar		Category/ Type	2000.00
Office Sought: House Disbursen	nent For: 2016		Memo Item
	Primary		_
	Other (specify) ▼		
Full Name (Last, First, Middle Initial)  Reasonable Independent Constructive a	nd Effective PAC (RICE	PΔC)	Date of Disbursement
Treasonable independent conditablive a	na Encouve i 710 (ittoe	- 1 7(0)	M M / D D / Y Y Y Y
Mailing Address PO Box 744			06 24 2016
21	— — ·		
,	State Zip Code NY 11501		Transaction ID: 8A0FA1F035512FD9A22
Purpose of Disbursement	11301		
2016 Contribution		011	Amount of Each Disbursement this Period
Candidate Name	(but DAO (DIOE DAO)	Category/	
Reasonable Independent Constructive and Effe	` /	Туре	2000.00
	nent For: 2016		Memo Item
	Primary General  Other (specify) ▼		
State: District:	Contribution		
SUBTOTAL of Disbursements This Page (optional)			6500.00
TOTAL This Period (last nage this line number only)			

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only	one) 22 X 23 24 25 26
Any information copied from such Reports and Statem	nents may not be sold or used		
or for commercial purposes, other than using the nam  NAME OF COMMITTEE (In Full)	e and address of any political		
Americas Health Insurance Plans F	PAC (AHIP PAC)		
Full Name (Last, First, Middle Initial)  Tim Walz for US Congress			Date of Disbursement
Mailing Address PO Box 938			06 24 2016
,	State Zip Code MN 56002		Transaction ID : 5E9414859B0FF1DD9FE
Purpose of Disbursement 2016 General		011	Amount of Each Disbursement this Period
Candidate Name Timothy J. Walz		Category/ Type	1000.00
Senate President	nent For: 2016 Primary General Other (specify)		Memo Item
State: MN District: 01  Full Name (Last, First, Middle Initial)			
3. Tony Cardenas for Congress			Date of Disbursement
Mailing Address 249 E. Ocean Blvd. Suite 685			06 24 2016
Long Beach	State Zip Code CA 90802		Transaction ID: 9D4AA1DBC5FE031E26B
Purpose of Disbursement 2016 General		011	Amount of Each Disbursement this Period
Candidate Name Tony Cardenas		Category/ Type	2000.00
Senate	nent For: 2016 Primary		Memo Item
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address			W = W 7 D = D 7 Y = Y = Y = Y
City	State Zip Code		
Purpose of Disbursement			
Candidate Name	I	Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)		Memo Item
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			